

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 377 Primary Registration District No. 544 Registrar's No. 242 -63-004396  
STATE FILE NUMBER

FILED FEB 13 1963

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Kirkwood</u>                 |  | Length of stay in lb<br><u>yrs</u>   | c. CITY OR TOWN <u>Kirkwood</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. Agnes Home</u> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><u>Kirkwood</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|  |                                  |   |   |   |   |
|--|----------------------------------|---|---|---|---|
| 3. NAME OF DECEASED<br>(Type or print) First <u>JOSEPHINE</u> Middle <u>BROCKMEIER</u> Last <u>BROCKMEIER</u>            |                                  |   | 4. DATE OF DEATH<br>Month <u>January</u> Day <u>22</u> Year <u>1963</u> |   |   |
| 5. SEX<br><u>female</u>  | 6. COLOR OR RACE<br><u>white</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Aug. 13, 1878</u>                                | 9. AGE (last birthday)<br><u>89</u>                                 | 10. IF UNDER 1 YEAR<br>Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>housewife</u>          |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>at home</u>   |   | 11. BIRTHPLACE (City and state or country)<br><u>St. Louis, Mo.</u> |   |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U. S. A.</u>   |                                  | 13a. FATHER'S NAME<br><u>John Schmidthausler</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Gebben</u>                     |   |
| 14. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> |                                  | 17. INFORMANT<br><u>Henrietta Reise, 2236 Helen Brentwood</u>   |   | Address<br><u>2236 Helen Brentwood</u>                              |   |

|   |  |
|---|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>coronary thrombosis</u><br>DUE TO (b) <u>arteriosclerotic heart disease</u><br>DUE TO (c) <u>hypertension</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>upper respiratory infection</u><br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|---|--|

|  |   |  |  |
|--|---|--|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>         | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |  |
| 20c. TIME OF INJURY<br>Hour <u>11</u> a.m. <u>00</u> p.m.  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION<br><u>St. Louis, Missouri</u>                                   |  |
| 21. I attended the deceased from <u>Jan 1957</u> to <u>Jan 22, 1963</u> and last saw her alive on <u>Jan 21, 1963</u><br>Death occurred at <u>43rd St</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |  |
| 22a. SIGNATURE<br><u>E. J. Weimer</u> (Degree or title) <u>MD</u>  |   | 22b. ADDRESS<br><u>8787 Big Bend</u>   |  |
| 22c. DATE SIGNED<br><u>1-23-63</u>   |   | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>removal</u>                                  |  |
| 23b. DATE<br><u>January 24, 1963</u>   |   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary Cem.</u>                                    |  |
| 23d. LOCATION (City, town, or county)<br><u>St. Louis, Missouri</u>  |   | 24. FUNERAL DIRECTOR<br><u>M. J. Croghan, 7146 Manchester Ave.</u>                           |  |
| 25. DATE RECD. BY LOCAL REG.<br><u>1-23-63</u>   |   | 26. REGISTRAR'S SIGNATURE<br><u>John H. Murphy</u>   |  |

St. Louis, Missouri

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Stanley H. Dixon*

Licensed Embalmer No.

*4193*

P. O. Address

*St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Mr. Vallman  
10 Am - 330 PM  
ceded*